

THIS POLICY PROVIDES LIMITED ACCIDENT INSURANCE ONLY. The policy does NOT provide basic hospital, basic medical or major medical insurance as defined by the New York State Insurance Department.

IMPORTANT NOTICE
THIS POLICY DOES NOT PROVIDE COVERAGE FOR SICKNESS OR FOR LEGAL LIABILITY.

WARNING
(NY) The insurance offered in this brochure is: (1) not a deposit; (2) not insured by the Federal Deposit Insurance Corporation; and (3) not guaranteed by the bank, trust company, savings bank, savings and loan associations, federal savings association or national bank.

A.M. BEST'S RATING FOR NATIONWIDE LIFE IS A+ (SUPERIOR). A.M. Best Co. has been a leading independent source of insurer financial ratings since 1899.

NOTE TO AGENT: Mail completed application and premium payment to:
Special Risks
Nationwide Insurance
P.O. Box 2399
Columbus, OH 43216-2399

CONTACT US:
Local: 1-614-854-2196
Toll Free: 1-800-525-8669 (option 5)
Fax: 1-614-854-3753
E-Mail: specrsk@nationwide.com
Website: www.grouprotector.com

UNDERWRITTEN BY:
Nationwide Life Insurance Company
P.O. Box 2399
Columbus, OH 43216-2399

GPL-4004-V

NATIONWIDE LIFE INSURANCE COMPANY
Home Office: Columbus, Ohio



Basketball
Soccer
Hockey
Volleyball
Lacrosse
...and more



Amateur Sports
Accident Insurance

All cases are subject to the acceptance of the risk. Cases producing over \$15,000 of premium are also subject to our review of prior claims experience.

Nationwide's GrouProtector Sports Accident Insurance for Participants of Amateur Sports Basketball, Soccer, Volleyball and other Teams & Leagues.

WHAT IS IT?

Nationwide's GrouProtector Insurance is a highly practical insurance plan that provides greater peace-of-mind to players and other individuals associated with amateur sports teams and leagues. It gives all eligible persons the security they need and deserve.

Individual names are not required as **100% of all eligible players are insured**. Each player is protected — as well as the group itself — because all eligible persons are automatically covered.

Voluntary enrollment plans are not available.

WHAT ARE THE COVERED ACTIVITIES?

- A scheduled, approved and supervised team or league activity. These include practice sessions or games of the sport involved, trips or tours, fund raising drives, parades, picnics, concession stand operation and care of the playing court or field
- A team or league sponsored and/or endorsed clinic or all-star practice session or game
- Direct travel to or from the meeting place to take part in any such practice session, game or clinic

WHO IS COVERED?

Premium automatically includes coverage for the following:

- Players, managers, coaches, cheerleaders and officers
- Persons specifically designated by one of your officers to assist without pay in an assigned team or league volunteer duty to be conducted during a given period of time
- If all teams of a league are insured under the policy, the *league* umpires, referees, official scorers and timers, player agents and safety officers

WHAT IS THE DIFFERENCE BETWEEN OUR PRIMARY MEDICAL AND EXCESS MEDICAL PLANS?

- **Our Primary Plan** – is usually “first in line” to pay a claim. It pays covered expenses **regardless** of most other plans.

Other plans, however, may reduce their payments based on what we pay.

- **Our Excess Plan** – is usually “last in line” to pay a claim. ***It does not pay covered expenses to the extent they are collectible under most other plans.*** Thus, we need to know what others pay before we will pay. If there is no coverage, we will pay the same as primary.

Excess essentially “fills in” other plans’ deductibles and coinsurance as well as pays remaining covered expenses after others have exhausted their benefits. If our excess plan has a deductible, it is “out-of-pocket” and cannot be satisfied by other plans.

Availability of Primary and Excess plans varies. Please refer to the rate sheet and the NOTE at the bottom of the application.

WHAT ARE THE POLICY EXCLUSIONS AND LIMITATIONS?

We will not pay benefits for expenses incurred for: (1) the examination, prescription, purchase or fitting of eyeglasses, contact lenses or hearing aids; or (2) treatment by a person employed or retained by the plan sponsor or its subsidiaries or affiliates and for which no charge is normally made; or (3) care or treatment by a person who ordinarily lives in the insured's home or is a parent, grandparent, spouse, brother, sister or child of either the insured or the insured's spouse (if a NJ contract, care or treatment furnished by a member of the insured's immediate family); or (4) diathermy, light, shortwave, and other heat or physiotherapy treatments in excess of the first five of all such treatments while the insured is neither hospital confined nor under the care of a home health care agency. Nor will we pay benefits for loss or expenses resulting from: (5) intentional self-destruction or an attempt at it, or intentional self-inflicted injury (if a MO contract, while sane); (6) war or an act of war, declared or undeclared; or (7) air travel unless the insured is a passenger on a regularly scheduled flight of a properly licensed commercial airline.

HOW DO YOU APPLY FOR COVERAGE?

1. Complete items 1 through 6 on the attached application (including TEAM names and player ages). Date and sign where indicated.
2. Send the completed application and your check made payable to Nationwide Insurance, to your Nationwide agent **before the desired effective date.**

When we receive your completed application and premium payment, we will send your policy, certificates (if required in your state), claim forms and instructions.

HERE ARE THE ACCIDENT BENEFITS

DEATH AND SPECIFIC LOSS BENEFIT - If, as a result of injury, an insured dies or suffers a specific loss within one year from the date of the accident causing the injury, we will pay a benefit as specified below: (the one year limit does not apply to the loss of life benefit in a PA or WV contract.)

Full Face Amount for Loss of life	75% of the face amount for loss of: Each Arm Each Leg	50% of the face amount for loss of: Each Hand or Foot Sight of Each Eye Speech	25% of the face amount for loss of: Hearing of Each Ear Thumb and Index Finger of the Same Hand
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The total payment for all of the losses of an insured because of any one accident will not be more than the face amount shown in the application. The loss of the thumb and index finger of the same hand benefit will not be paid if the loss of the hand or arm benefit applies. The loss of the hand or foot benefit will not be paid if the loss of the arm or leg benefit applies.

MEDICAL EXPENSE BENEFIT - If, as a result of injury, an insured incurs covered expenses starting within 90 days from the date of the accident causing the injury, we will pay, less the deductible (if any) shown in the application and not to exceed the overall maximum benefit amount, all covered expenses incurred within 3 years from such date.

Covered expenses mean the reasonable and customary charges for local ("local" not applicable in a CT contract) professional ambulance service to or from a hospital and/or surgical center as well as the following reasonable and customary charges for treatment, services and supplies provided or prescribed by a doctor: (1) hospital or surgical center care; (2) medical treatment; (3) nursing care provided by a licensed nurse; (4) X-rays and lab exams; (5) prescription drugs and therapeutic services and supplies; (6) dental treatment as a result of injury to sound, natural teeth (natural teeth in SC); and (7) the following licensed home health care agency services and supplies provided instead of an otherwise required hospital or skilled nursing home confinement: (a) physical, occupational, respiratory and speech therapy; (b) the services of a home health aide; and (c) medical supplies.

If excess medical has been elected, we will not pay benefits for, nor can this plan's deductible (if any) be satisfied by, covered expenses to the extent that they are collectible under certain other policies and/or health plans as stated in the policy.

(Coverage is provided under policy form No. GR-9041 et al. Certain provisions of the policy are summarized in this folder. All benefits are subject to the policy, which alone constitutes the agreement under which payments are made.)

POLICY APPLICATION (please print or type)

which, upon acceptance and approval by **NATIONWIDE LIFE INSURANCE COMPANY—Columbus, Ohio 43216**, will become a part of **SPECIFIED HAZARD INSURANCE POLICY NUMBER 402-94-**_____

Office Use Only

1. **Name of Plan Sponsor** _____ **Sport:** _____
Group's Name

Permanent Mailing Address _____
Number Street City State Zip County

2. **Policy Term:** The policy term starts at **12:01** A.M. on ____ / ____ / ____ which is the effective date and ends at **12:01** A.M. on ____ / ____ / ____ which is the termination date.

3. **Team Name(s) and Age Class(es)** (for example, ages 9 & under, 10-12, 13-15, 16-18, or 19 & over)

Team Name	Age Class	Team Name	Age Class
1. _____	_____	4. _____	_____
2. _____	_____	5. _____	_____
3. _____	_____	6. _____	_____

Note: If additional space is required, use a separate sheet.

4. **Maximum Benefit Amounts**

Benefit Provisions (Check Medical Expense Plan Desired)	Maximum Benefit Amounts
A. DEATH AND SPECIFIC LOSS (Face Amount) -----	\$ _____
B. MEDICAL EXPENSE <input type="checkbox"/> Primary Plan OR <input type="checkbox"/> Excess Plan	
Deductible -----	\$ _____
Maximum Amount -----	\$ _____

5. **Premium Rates**

Age Class	Gross Rate per Player	Discount of ____% for Insuring ____ Teams	Net Rate per Player	Number of Players	Premium Due
9 & under	\$ _____	- \$ _____ =	\$ _____	X _____ =	\$ _____
10-12	\$ _____	- \$ _____ =	\$ _____	X _____ =	\$ _____
13-15	\$ _____	- \$ _____ =	\$ _____	X _____ =	\$ _____
16-18	\$ _____	- \$ _____ =	\$ _____	X _____ =	\$ _____
19 & Over	\$ _____	- \$ _____ =	\$ _____	X _____ =	\$ _____

Total premium due subject to a minimum of **\$225** if the medical expense primary plan has been elected and **\$175** if the medical expense excess plan has been elected ----- \$ _____
For authorized checking account withdrawal (also called Automated Clearing House or "ACH") call 1-800-525-8669, option 5.

6. **It is understood and agreed that:** (a) premium will be paid for all team players (participants); (b) all eligible persons will be insured; and (c) **the premium will be paid entirely by the plan sponsor with no contribution made by the eligible persons toward the cost of the insurance.**

(NY) Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

By signing below, you agree that you have read all of the Fraud Warnings contained within this document.

Previous Policy Number _____
Date _____
Agent's Signature and Number _____
Agent's Phone Number _____
Agent's E-mail Address _____
GR-9040-1A

Signature of Applicant _____
Printed Name and Title of Applicant _____
Address of Applicant _____
Applicant's E-mail Address _____
Applicant's Phone Number _____

NOTE: Rates and benefits vary by state and group. Please be sure the attached rate sheet(s) apply(ies) accordingly.

FRAUD WARNINGS

- (CA) For your protection California law requires the following to appear on this form. Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.
- (LA) Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
- (NY) Please read statement located at bottom of application (reverse side) above signature section.
- (PA) Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.
- (WA) Any person who knowingly presents a false or fraudulent claim for payment of a loss or knowingly makes a false statement in an application for insurance may be guilty of a criminal offense under state law.
- (All Other States) Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and/or civil penalties.

Comparison Chart	Nationwide	Other Insurer
Death or Specific Loss must occur within	1 Year ¹	_____
Percentage for Entire Loss of:		
Each Arm or Leg	75% ²	_____ %
Speech, Each Eye, Hand or Foot	50% ²	_____ %
Hearing of Each Ear	25% ^{2&3}	_____ %
Thumb and Index Finger of Same Hand	25% ²	_____ %
Medical Expenses must be incurred within:		
First Treatment	90 days	_____
Later Treatments	3 Years	_____
Internal Dental Dollar Limits:		
Per Tooth Restriction	None ⁴	\$ _____
Overall Dental Restriction	None ⁴	\$ _____
Limit on number of diathermy/light/shortwave/other heat/physiotherapy if hospital confined or under home health agency care	None ⁴	_____
If neither so confined nor under home health care	First 5 ⁴	_____
Roster Requirements:		
Team Names and Ages	Yes	_____
Individual Names and Ages	No	_____
Covered Travel:		
Plan Sponsor's Group Travel	Yes	_____
Individual Direct Travel to/from Clinics, Games, and Practice Sessions	Yes	_____
Does coverage apply to most extra activities?	Yes	_____
Are coaches, managers, officers, etc. covered at no extra charge?	Yes	_____
Special Short-Term Rates – % of Season Rate for a Policy of:		
One Day	20% ⁵	_____ %
2 thru 15 Days	33 1/3% ⁵	_____ %
16 Days thru 1 Month	50% ⁵	_____ %
Extended coverage available for terms longer than the Standard Season	Yes	_____
Minimum Policy Premium:		
Primary Medical Policy	\$225	\$ _____
Excess Medical Policy	\$175	\$ _____

¹ No time restriction in PA or WV for death.

² Separate losses accumulate to 100% (e.g., one hand and thumb and index of another = 75%, not just the greater (50%) of the two).

³ Many insurers pay 50% for loss of hearing in both ears, but nothing for loss in one ear.

⁴ Reasonable and Customary expenses up to Medical Maximum.

⁵ Special Short-Term policies cannot be added together (e.g., 5 week term at 33 1/3% + 50% = 83 1/3%) to avoid a standard season rate.